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то:	Registration Se Division of Cor				
SUBJE	ECT:	RSALTY Name of Limit	TWOUATIOUS	5, <u>L</u> LC.	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			EBECCA J. HIT		SECKI TALLA 13 AL
		- HEALTY	I TWOVATION Firm/Company	<u>, s</u> — — —	LAHASS AUG 29
		5219	S. Duincy	51	PH 3:
		TANP	A A 33411 City/State and Zip Code Y @ Me . Com	<u>'</u>	25 25
		Hill beck E-mail address: (v	J. Q. M.C. COM of be used for future annual report notification	on)	
For fur	ther information co	oncerning this matter, please ca	all:		
	beccq Name of	HIII FPerson	at (<u>\$13</u> <u>367 - 1</u> Area Code & Daytime Te	LOSZZ lephone Number	
./		ne following amount:			
A (\$25	5.00 Filing Fec	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is o	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEALTY INI	MOVATIO	us	TASE SE
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appear I Liability Company)	s on our records.)	3 PHORE
The Articles of Organization for this Limited Liability Compar	ny were filed on	8/16/13	and assigned S
Florida document number <u>L13000 11 6062</u>		·	THE CHIEF
This amendment is submitted to amend the following:			3: 25
A. If amending name, enter the new name of the limited lia	ability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lir" "L.L.C."	mited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	5219	S. Dui	JCY St.
(Principal office address MUST BE A STREET ADDRESS)	_ TAW	IPA FI	33411
	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Eni	ter Florida street add	lress
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mana MGRM = Mai	ger naging Member		
<u>Title</u>	Name		ype of Action
MGML	Rebecca Hill	5219 S. Duiucy	Add
		TAMPA, FL 33611	Remove
MGMe-	PLYAN COELIG	2738 FACKERIBURG PL	- Z Add
		Piverview, FL 3357	
MGML	GELALD ELLEURING	2738 GALKENBING LO	(Nadd
		NIVER VIEW FG 33578	
			Add TALLLECRE
			FILEO CRETARY OF LAHASSEE, F
			Add ORIDA
			Remove
			Add
			Remove

, ,	
	
August	19, 2013.
	Molocas Ochi
 	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE. FLORIDA